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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	<b>09/872,310</b>
	<b>Filing Date</b>	<b>5/31/2001</b>
	<b>First Named Inventor</b>	<b>Ainsworth, et al.</b>
	<b>Group Art Unit</b>	<b>3737</b>
	<b>Examiner Name</b>	<b>Not Yet Assigned</b>
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	<b>3764.P180</b>

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Postcard (2) and Submission of Replacement Drawings Cover Sheet</b>
<b>Remarks</b>  <b>Please charge any insufficiencies, if any, to Deposit Account Number 02-2666</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	<b>George P. Simion, Reg. No.: 47,089</b>
<b>Signature</b>	<i>George P. Simion</i>
<b>Date</b>	<b>8-28-2001</b>

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>8/28/01</b>			
<b>Typed or printed name</b>	<b>M nica Wiersma</b>		
<b>Signature</b>	<i>Monica Wiersma</i>	<b>Date</b>	<b>8-28-01</b>

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Attorney Docket Number: 3764.P180

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Robert D. Ainsworth, et al.

Application No.: 09/872,310

Filed: 5/31/01

For: CATHETER WITH OPTICAL FIBER  
SENSOR

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Examiner: Not Yet Assigned

Art Unit: 3737

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Drawing Review Branch  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**SUBMISSION OF REPLACEMENT DRAWINGS**

Dear Sir:

Enclosed please find Replacement Drawings for the above referenced patent Application.

Respectfully submitted,

Date: 8-28-2001

George P. Simion  
Reg. No. 47,089  
512/330-0844

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